

definition of essential health benefits and 3) Medicaid program expansion. The health insurance exchanges will act as marketplaces for people to shop for and compare health insurance plans in their state. There are three models of health insurance exchanges: federally facilitated, state run and partnership exchanges that have input from both the state and federal governments. Each state chose to create their own exchange or to have the federal government create and operate their state exchange. The exchanges present an opportunity for people to access affordable health insurance through federal tax credits that will subsidize premiums for individuals and families up to 400 percent of the federal poverty level (FPL). The exchanges are expected to enroll 7 million people in the first year of the ACA. Each exchange will offer a variety of qualified health plans (QHP) that are approved by the state and/or the US Department of Health and Human Services (HHS). Every QHP and non-grandfathered commercial health insurance plan is mandated to include a minimum level of coverage known as an essential health benefit (EHB) package selected by each state. Information was collected on each state's EHB plan to determine coverage of hematopoietic cell transplantation (HCT), and was analyzed for the level of HCT benefits with consideration of the Recommended Benefit Design For HCT developed by the National Marrow Donor Program (NMDP) (www.payor.bethematch-clinical.org). States were then divided into three categories: poor coverage, fair coverage and excellent coverage. Eleven states had poor coverage, 12 states had fair coverage and 28 states had excellent coverage included in their EHBs. While access to health insurance is expanding, it is important that coverage of HCT meets levels prescribed in the Recommended Benefit Design For HCT. Additionally, states were able to expand their state Medicaid programs to include adults up to 138 percent of the FPL. To date, twenty-five states are expanding their Medicaid programs, resulting in increased access for low-income adults in their states. In states that expanded their Medicaid programs, 31,587,000 adults are now eligible to access to health insurance coverage through Medicaid (Kaiser Family Foundation). A study done by the NMDP provides HCT incidence rates that translates to a possible 2,148 Medicaid patients needing an allogeneic HCT following Medicaid expansion by states that have already voted to expand in the first year of ACA implementation. Transplant centers will need to understand how their state operates in each of these three aspects in order to provide patients with access to HCT in 2014 and beyond.

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Experiences with Design and Implementation of a Match Related Donor Satisfaction Survey

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Background: Match related donors (MRDs) have long been a critical source of stem cells for patients needing an allogeneic transplant. In both our center and across the country, approximately 30% of patients needing an allogeneic transplant will have a matched sibling who can serve as their donor. While the National Marrow Donor Program (NMDP) and other donor registries have done extensive research in to the donor experience for unrelated donors, much less is known about the experience of donors who are related to the

patient. As part of an effort to improve our services to these patients, we implemented a donor satisfaction survey specifically targeting these donors.

Methods: We assessed both the current hospital patient survey and the current NMDP donor survey and designed a survey that would be delivered to adult peripheral blood and marrow MRDs on the first day of collection. We assessed satisfaction with medical care, effectiveness of administrative coordination efforts, and barriers to donation. We then reviewed individual surveys and compiled the feedback to assess needed changes.

Results: In the first 6 months, we distributed the survey to 44 patients and received a 50% response rate. Our overall satisfaction rating was quite high (4.9 out of 5), with approximately 35% of patients reporting no significant barriers to donation. The top concerns for our donors included worry about the patient, ability to take time off to donate, travel, and fear of pain or other requirements of the procedure.

Conclusion: The feedback from the donor satisfaction survey has been valuable both for our program and for staff morale. The feedback has been overwhelmingly positive, and our donor comments are shared with the staff quarterly. A committee has been formed to review donor feedback and identify areas for improvement. Going forward we hope to expand this survey to include pediatric patients, and to develop new donor material tailored to the feedback we've received.

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Standardizing the Consent Form: A Quality Improvement

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Informed Consent for transplant patients is not only a requirement by law but an integral part of the patient education. Transplant centers often use treatment plans for standard of care. It is a daunting challenge to maintain and update treatment plan consent forms.

Over the past 20 years, transplant centers have diversified and now use multiple conditioning and graft versus host disease (GVHD) prophylaxis regimens. In transplant centers that have been in operation for many years, the use of consents for standard of care treatment plans have been augmented and changed as needed over time. These changes are due to the introduction of novel therapies, newly identified side effects, changes in regulatory and legal requirements and standardization of terminology.

Standardizing the language of consents presents several dilemmas.

- Should we try to create a treatment plan consent that could be used for multiple treatment plans?
Will this be confusing for patients?
Will physicians forget to check the boxes for specific drugs that are being used?
- Should we describe side effects by organ system or by drug or both?
- Should we list side effects in a table?
- Should we incorporate blank spaces for personalized information to be completed by the MD at the time of consent?
Will this be more cumbersome for physicians?